

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 3									
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. <b>N66001-17-D-0117</b>			2. DELIVERY ORDER/ CALL NO. <b>9999</b>		3. DATE OF ORDER/ CALL (YYYYMMDD) <b>2017 Mar 08</b>		4. REQ./ PURCH. REQUEST NO.  <b>1300626983</b>		5. PRIORITY										
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC TIFFANY C. BOATWRIGHT, CODE 22560 TIFFANY.C.BEATWRIGHT@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001			CODE <b>N66001</b>		7. ADMINISTERED BY (if other than 6) DCMA SAN DIEGO 9174 SKY PARK COURT, SUITE 100 SAN DIEGO CA 92123			CODE <b>S0514A</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)									
9. CONTRACTOR VECTOR PLANNING & SERVICES, INC. LYDIA KIM 591 CAMINO DE LA REINA STE 300 SAN DIEGO CA 92108-3105			CODE <b>1LUT8</b>		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED										
NAME AND ADDRESS							12. DISCOUNT TERMS Net 30 Days		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See basic contract section G										
14. SHIP TO  <b>SEE SCHEDULE</b>			CODE		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P O BOX 182381 EFT:T COLUMBUS OH 43218-2381			CODE <b>HQ0339</b>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">16. TYPE OF ORDER</td> <td style="width: 10%; padding: 5px;">DELIVERY/ CALL</td> <td style="width: 5%; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">PURCHASE</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Reference your quote dated Furnish the following on terms specified herein. REF:</td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.		PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein. REF:
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ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																			
<table style="width: 100%;"> <tr> <td style="width: 33%;">NAME OF CONTRACTOR</td> <td style="width: 33%;">SIGNATURE</td> <td style="width: 33%;">TYPED NAME AND TITLE</td> <td style="width: 10%;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:         </td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			
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17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  <b>See Schedule</b>																			
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT 22. UNIT PRICE		23. AMOUNT									
		<b>SEE SCHEDULE</b>																	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA TEL: 619-553-1356 EMAIL: bryan.mansfield@navy.mil BY: Bryan F Mansfield				(b)(6)		25. TOTAL		\$25,000.00									
27a. QUANTITY IN COLUMN 20 HAS BEEN		<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				CONTRACTING / ORDERING OFFICER		26. DIFFERENCES											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE											
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS									
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR									
36. I certify this account is correct and proper for payment.						31. PAYMENT				34. CHECK NUMBER									
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				35. BILL OF LADING NO.									
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.									

## Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		1	Lot		\$25,000.00
	Obligation of Minimum Guarantee CPFF				
	No tasking is associated with this order. The sole purpose of this order is to obligate the minimum guarantee under the basic contract. The contractor is not authorized to perform the work, nor submit invoices against the order. The obligated amount of this task order will be deobligated once the minimum guarantee is met by issuance of task order(s) with task effort equal to or greater than the minimum guarantee stated herein.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: 1300626983				
				ESTIMATED COST	\$25,000.00
				FIXED FEE	\$0.00
					<hr/>
				TOTAL EST COST + FEE	\$25,000.00
	ACRN AA				\$25,000.00
	CIN: 130062698300001				

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 97X4930 NH3P 251 77777 0 050120 2F 000000

COST CODE: A00003864474

AMOUNT: \$25,000.00

CIN 130062698300001: \$25,000.00